

April 14, 2021

Steve Miller, MD  
Chief Clinical Officer  
Cigna

Re: Cigna's Letters to Patients and Providers on Cosentyx

Dear Dr. Miller:

Patient groups, advocates, and providers have seen disturbing media reports about Cigna's recent letter to patients and providers regarding the use of Cosentyx. In the letter, patients are encouraged to switch to a Cigna-preferred drug, as Cosentyx was removed from the preferred drug list. To further encourage patients to switch to another drug, Cigna is incentivizing individuals with a \$500 debit card. The letter also suggests a number of Cigna-preferred brand options, many of which are not of the same mechanism of action.

This non-medical advice, paired with a financial incentive, undermines the vital patient/doctor relationship in determining what medicines and treatments are best for patients. Targeting patients and enticing them with a financial incentive, particularly during a pandemic – where finances for many are uncertain, employment is at an all-time low, and patients taking Cosentyx are already experiencing heightened fear of serious illness or death – makes this letter not only unethical, but unconscionable.

AARDA, Let My Doctors Decide, and the undersigned organizations believe your recent action regarding Cosentyx is an example of coercing a non-medical switch that can potentially harm those suffering from autoimmune diseases and other chronic conditions. This practice by insurers poses undue stress, possible interruption of care, and potentially diminished health – especially as we address the fallout from COVID-19. Our objection to this action is independent of the medication cited in the revised policy or its therapeutic alternatives.

Putting patients first and preserving the patient/provider relationship is critical to improved health and wellness, as outlined in the Let My Doctors Decide principles supported by AARDA and other patient and provider groups.

- Require that step therapy policies are clinically based on current evidence and used for medical reasons only.
- Prohibit switching of medication for non-medical reasons without the prescribers' consent.
- Leave the final decisions to whether a patient has failed on a therapy with the treating physician, not the insurer.
- Pass rebates, discounts, copay assistance, and other insurer and non-insurer savings directly to the patient at the pharmacy counter.
- Assure what is best for the patients' health is the top priority and is made transparent in health care contracting, including benefit design and coverage policies.

We believe Cigna can and should reverse this harmful policy change by allowing patients to stay on the drug that their clinician prescribed and creating a seamless pathway for stable patients to remain on this medicine until, if and when, an alternative treatment is prescribed by their provider. We urge Cigna to revisit its position and review its policies on non-preferred drugs, and to set future clinical policies to be consistent with the Let My Doctors Decide patient-centered principles that put patients first to improve health and wellness.